

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000024580

1. Corporation Name

Robot Productions, Inc.

2. Principal Office Address - No P.O. Box #

7075 Kingspointe Pkwy

Suite, Apt. #, etc.

suite 6

City & State

Orlando, FL

Zip

32819

Country

USA

3. Mailing Office Address

P.O. Box 22623

Suite, Apt. #, etc.

City & State

Lake Buena Vista, FL

Zip

32830

Country

USA

7. Name and Address of Current Registered Agent

Name

Ossinsky & Cathcart, P.A.

Street Address (P.O. Box Number is Not Acceptable)

2699 Lee Rd

Suite, Apt. #, Etc.

101

City

Winter Park

State

FL

Zip Code

32789

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

SAME AS PRIOR FILING

REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Daniel Deutsch	p.o. box 22623	lake buena vista, fl 32830

400137574854

11/03/08--01055--018 **8.75

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Daniel Deutsch

Daniel Deutsch

10/29/08

407-996-1075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REINSTATEMENT

FILED

08 NOV -3 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400137574854

11/03/08--01055--017 **300.00

CR2E081 (10/08)

4. Date Incorporated or Qualified

To Do Business in Florida 3/29/1994

5. FEI Number

593053705

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.